

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 0 0 6

2. STATE:

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Social Security Act, Section 1924

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 727,547

b. FFY 2005 \$ 1,038,035

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 11 to Attachment 2.6-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 11 to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:

Spousal Impoverishment Provisions

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Secretary of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Estelle B. Richman

13. TYPED NAME:

Estelle B. Richman

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

3-30-04

16. RETURN TO:

Commonwealth of Pennsylvania
Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

3/31/04

18. DATE APPROVED:

JUN 22 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/04

20. SIGNATURE OF REGIONAL OFFICIAL:

Jay A. Murch for Mary M. Sorley

21. TYPED NAME:

MARY T. MCSORLEY

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Pennsylvania

SPOUSAL IMPOVERISHMENT PROVISIONS

Section 1924 provisions:

- a. Income and resource eligibility policies used to determine eligibility for institutional spouses who have a spouse living in the community are consistent with Section 1924 of the Act.
- b. In determination of resource eligibility, the State resource minimum standard is \$18,552 and the maximum standard is \$92,760.
- c. The definition of undue hardship for purposes of determining if institutionalized spouses received Medicaid in spite of having excess countable resources is described below:

An institutionalized spouse shall not be ineligible by reason of resources determined to be available for the cost of care under the terms of Section 1924(c)(2) of the Act where the State determines that denial of eligibility on that basis would work an undue hardship.

TN No. 04-006 Approval Date JUN 22 2004 Effective Date January 01, 2004
Supercedes
TN No. 03-003